



AF/2132

Corres. and Mail
BOX AFResponse Under 37 CFR § 1.116
Expedited Procedure - Group 2132

In re Application of:

Docket No. 03560.002331.

KAZUOMI OISHI

Examiner: D. Meislahn

Application No.: 09/222,846

Group Art Unit: 2132

Filed: December 30, 1998

Date: August 21, 2003

For: IMAGE INPUT APPARATUS, IMAGE INPUT METHOD, RECORDING MEDIUM, AND
ENCRYPTION PROCESSING PROGRAM STORED IN COMPUTER-READABLE MEDIUMMail Stop AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450**RECEIVED**

AUG 27 2003

Technology Center 2100

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 14	MINUS	** 22	= 0	x \$9 \$18	-0-
INDEP. CLAIMS	* 6	MINUS	*** 10	= 0	x \$42 \$84	-0-
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 42,746

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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